

## TELEHEALTH

### Overview

The Coronavirus Preparedness and Response Supplemental Appropriations Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act provide new flexibilities to increase access to telehealth in Medicare during the coronavirus public health emergency. Telehealth will allow patients to continue to receive medically necessary care and avoid travel, when possible, to physicians' offices, clinics, hospitals, or other health care facilities.

In addition, the Department of Health and Human Services (HHS) has used regulatory authority to establish many new policies regarding telehealth and virtual services during the pandemic.

### Initial New Authorities in Medicare

The Coronavirus Preparedness and Response Supplemental Appropriations Act authorizes the HHS Secretary to waive certain telehealth restrictions in Medicare for the duration of the coronavirus public health emergency.

HHS has implemented this authority in the following ways:

- Medicare now pays for office, hospital, and other visits provided via telehealth in all areas of the country and in patient's places of residence as of March 6, 2020.
- A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, are able to offer telehealth to their patients.
- Additionally, HHS is allowing health care providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs.

Prior to this waiver, Medicare could only pay for telehealth on a limited basis: when patients are in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities.

More information on these new policies in Medicare is available at [this link](#).

### Additional New Uses of Telehealth in Medicare

The CARES Act includes several new ways for providers and patients to use telehealth under Medicare. Information on how and when HHS is implementing these authorities is not yet available.

The new authorities include the following for the duration of the public health emergency:

- HHS can now waive additional restrictions, and can allow for a broader range of health care providers to provide telehealth services.
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as distant site providers – meaning that they will be reimbursed for providing telehealth services to patients, including in patients' homes.
  - Medicare will reimburse FQHCs and RHCs for telehealth services based on payment rates similar to payment rates for telehealth services under the Medicare Physician Fee Schedule. The costs for these telehealth services will be excluded from the FQHC prospective payment system and the RHC all-inclusive rate calculation.
- For home dialysis patients, a nephrologist no longer must conduct some of the required periodic evaluations for patients face-to-face, allowing these vulnerable beneficiaries to get more care in the safety of their homes.
- Hospice physicians and nurse practitioners can conduct recertification encounters using telehealth to recertify beneficiaries for the Medicare hospice benefit.

- HHS is encouraged to issue guidance encouraging the use of telecommunications systems, including remote patient monitoring, for home health services.

### **Use of FaceTime, Skype, and Other Tools**

HHS is allowing health care providers to use everyday communications technologies, such as FaceTime or Skype, to provide telehealth during the COVID-19 public health emergency. HHS will waive penalties for Health Insurance Protection and Portability Act (HIPAA) violations against health care providers that serve patients in good faith through these technologies even if the technologies are not HIPAA-compliant. More information is available [here](#).

### **Other Types of Virtual Services**

Medicare also pays for Virtual Check-Ins, which are short patient-initiated communications with a health care practitioner, and for E-visits, which are non-face-to-face patient-initiated communications through an online patient portal. More information on these services is available at [this link](#).

### **Other New Policies for Telehealth**

On March 30, HHS issued new blanket waivers and an interim final rule to allow the following in Medicare during the pandemic:

- HHS will pay for more types of services to be provided through telehealth, including emergency department visits, initial nursing facility and discharge visits, and home visits.
- Providers also can use telehealth with beneficiaries who have audio phones only.
- HHS is removing frequency limitations for certain telehealth services.
- HHS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health. During the pandemic, individuals can use commonly available interactive apps with audio and video capabilities to visit with their clinician.
- Home health agencies can provide more services to beneficiaries using telehealth, so long as it is part of the patient's plan of care and does not replace needed in-person visits.
- Hospice providers can provide services to a Medicare patient receiving routine home care through telehealth, if it is feasible and appropriate to do so.
- If a physician determines that a Medicare beneficiary should not leave home because of a medical contraindication or due to suspected or confirmed COVID-19, and the beneficiary needs skilled services, he or she will be considered homebound and qualify for the Medicare Home Health Benefit. As a result, the beneficiary can receive services at home.
- Virtual check-in services, or brief check-ins between a patient and their doctor by audio or video device, could previously only be offered to patients that had an established relationship with their doctor. Now, doctors can provide these services to both new and established patients.
- Additional types of providers, such as physical therapists, occupational therapists, and speech-language pathologists, can bill for virtual check-in services and remote evaluation of images/video.
- Clinicians can provide remote patient monitoring services for patients, no matter if it is for the COVID-19 disease or a chronic condition and if it is a new or established patient. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry.

In addition, HHS is instructing physicians and practitioners who bill for Medicare telehealth services to report the place of service (POS) code that would have been reported had the service been furnished in person, as well as to use a CPT telehealth modifier, modifier 95, which should be applied to claim lines that describe services furnished via telehealth.

More information on these and additional telehealth policies is available in this [fact sheet](#), this [fact sheet](#) on blanket waivers, in this [interim final rule](#), and at this CMS [coronavirus webpage](#).

**Medicaid**

Coverage for telehealth in Medicaid is determined by the state. Please contact [Med-QUEST](#) or your Medicaid insurance plan for more information.

**Private Insurance**

The CARES Act allows for high-deductible health plans with a health savings account to cover telehealth services prior to a patient reaching their deductible.

For information on how your private insurance plan covers telehealth, please contact the plan.

**Telehealth Network and Telehealth Resource Center Grant Programs.**

The CARES Act reauthorizes the Telehealth Network and Telehealth Resource Center (TRC) Grant Programs, which promote the use of telehealth technologies for health care delivery, education, and health information services. It also provides additional funding to these programs. Information on the new funding that will be provided is not yet available.

TRCs provide assistance, education and information to organizations and individuals who are actively providing or interested in providing health care at a distance. The TRC in Hawaii is the [Pacific Basin TRC](#).

**Connected Care Pilot Program, Federal Communications Commission (FCC)**

The CARES Act provides \$200 million to the FCC to expand telehealth services. The FCC is implementing a new Connected Care Pilot Program as part of the FCC Rural Health Care Program, and the new funding will broaden the reach of telehealth services to respond to COVID-19.

The existing Rural Health Care Program provides funding to eligible health care providers for telecommunications and broadband services necessary for the provision of health care. More information is located [here](#), and this fact sheet will be updated when more information is available on the new pilot program.

**Distance Learning and Telemedicine (DLT) Grant Program, U.S. Department of Agriculture**

The CARES Act provides an additional \$25 million to increase rural communities' access to remote learning tools and telehealth services through the existing DLT Program at the USDA. The DLT Program is a grant program that supports use of telecommunications-enabled information, audio and video equipment, and other advanced technologies to support students, teachers, medical professionals, and residents in rural areas.

**Eligibility:**

- Eligible program participants include state and local government entities, federally-recognized tribes, non-profits, for-profit businesses, and a consortia of eligible entities.
- A 15 percent match is required for the grant.

**Use of Funds:**

- Acquisition of eligible capital assets, such as:
  - Broadband transmission facilities
  - Audio, video and interactive video equipment
  - Terminal and data terminal equipment
  - Computer hardware, network components and software

- Inside wiring and similar infrastructure that further DLT services
- Acquisition of instructional programming that is a capital asset
- Acquisition of technical assistance and instruction for using eligible equipment

How to Apply:

- Before this additional funding, applications were due April 10. This deadline may be extended due to this new funding.

More information about the Distance Learning and Telemedicine Program can be found [here](#).